

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GREGORY GEORGE

Mailing Address 1906 N. GLEN WOOD ST.

City

WICHITA

State

KS

Zip Code

67230

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCAC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.58058

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

GENE GORDON

Mailing Address 17 ASHTON LN

City

SYLACAUGA

State

AL

Zip Code

35150

FEC ID number of contributing
federal political committee.

C

Name of Employer
SYLACAUGA ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.57786

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JAMES HARDING

Mailing Address 163 COMINO ALTO

City

CORRALES

State

NM

Zip Code

87048

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF NEW MEXICO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.57677

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)